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Date 4/20/04 (signed) [Signature]

#13
3-5-04
B.J.H.

IN THE US PATENT OFFICE

EXAMINER - Nguyen

GROUP - 2171

SN - 09/900569

FILED: 7/5/01

BY - Ogino

SIRS:

AMENDMENT RECEIVED

APR 27 2004

Technology Center 2100

Responsive to the OA of 3/16/04, applicant respectfully requests reconsideration and allowance. Claims 76-92 are in the application and are believed in condition for allowance.

The request for reconsideration is that which applicant was entitled under the Rules, but which was never granted, when applicant filed the Amendment dated 12/6/03 in response to the OA of 11/14/03.

The facts of the prosecution are as follows. The OA of 8/6/03 rejected claims 31-58 over one or more of references Tanaka 6,564,256, Sato 5,911,687, Roewer 5,734,915 and Ballantyle 5,867,821. In response thereto, applicant filed on 9/17/03, a new set of claims 59-75. These claims were finally rejected on 11/14/03. In response to the OA of 11/14/03, we filed a new set of claim containing various new restrictions and features, namely claims 76-92. Responsive to this Amendment of 12/6/03, the examiner gave an "Advisory" dated 1/20/04, wherein the Amendment was not entered because of "New issues" Thus, we filed the RCE on 1/27/04.

The Examiner now comes forth with an office action which exactly the same as that of 11/14/03, except adding the words "network" BUT.. not one word discusses our Amendment arguments related to our new claim language. Thus, clearly, the Examiner is merely and

arbitrarily rejecting out of hand our entire Amendment of 12/6/04, and the RCE wherein we paid an additional examination. This is not the procedure intended by the RCE procedure, nor the Examination and prosecution procedures envisioned by the MPEP.

We merely ask, how can the Examiner give the same office action (in substance since no discussion is offered of our new wording adding the words "network"..in the context of the internet) after alleging in the Advisory that there was "new issues". By our filing of the RCE, that "new issues" should have been eliminated and an allowance granted. Why was there no allowance?

We are extremely disappointed and puzzled that the MPEP was not followed by the Examiner. But, be that as it may, we seek reconsideration and allowance.

In order to be completely responsive, regardless of the Examiner's own actions, we will discuss the substantive points of the rejection and the merits of our case.

The Section 103 rejections (all of the different rejections of the different claims) over Primary reference Ballantyne in view of the various combinations of Secodary references Kotake, Roewer and Tanaka are respectfully traversed. No proper combination of these references would make obvious under 103 the invention as now recited in claims 76-92.

In the prior art, prior to our invention, it was difficult and expensive for patients, doctors and hospitals to obtain, store and share various medical information and images, such as MRI films, and then to interchange such information and images between the

patients, doctors and hospitals. Each hospital had its own library or central record keeping facility and its own set of rules for storage and access, such as is the case with the Ballantyne references.

Our invention has advanced the art in incalculable manners by solving these and other difficult and expensive problems. Our instant invention enables easy, simple, reliable and inexpensive storage and processing of medical information and images using a "single server" as defined in a detailed manner in the claims and "connected to a network" such as the "internet" which is generally available to the public. Any subscriber providing a verifiable ID can readily access, store and obtain various medical information and images using the internet. It is done in an easy, simple reliable and secure manner. There is now in our system only one set of protocols for the entire medical profession using our system. All that is needed is a verifiable ID. The advantage to our system using "only a single server" is that instead of each hospital or other subscriber having to have his or its own library and storage facility, the subscriber can store in our system in an easy manner and then the subscriber, and others with verified ID, can access that same stored information and images. To be emphasized is that no one in the art had done this before, especially in the medical field. We are now able with our system to bring uniformity to medical information, images and the like so that diagnosis can be uniform, and readily available anywhere in the world with the same accuracy and reliability. Same with treatment. Same with a patient's

improvement of confidence in the system.

In contrast, with the prior art, such as the cited primary and secondary references, there are thousands of different set of rules and protocols which had to be followed to obtain medical information and images by separate hospitals, physicians, patients, etc.

Thus, advantageously, our invention saves substantial sums of money, saves substantial time for access, and because of its readily available access, saves lives on an unprecedented scale. It also is now being used as a research tool since data can be compiled of every case that is stored. Of course, privacy of particular names; would be first deleted in the compiling of data.

Thus, advantageously, our invention saves substantial amounts of time for access, for storage, and increases reliability of record keeping on a large scale. The use of one set of protocols for every subscriber saves time, effort and money. Our invention has greatly improved our national health care system, and continues to do so.

In contrast, the primary reference Ballantyne discloses what is the prior art, namely, it has a central library in the hospital for storage of medical information and images. Accordingly, anyone outside the hospital must follow the rules of the hospital in order to obtain access to the medical information and images, such as following permission protocols from a doctor concerned and the patient before the desired information and images are sent to the party requiring access. This takes added time, effort and is expensive. Image a particular doctor having to access three hospitals for different medical information on the same patient. In contrast, the same doctor using our invention requires only one

verifiable ID to access the same set of three sets of medical information and images. Also, using the same ID can store another set of medical information into our system. It is easy to calculate the savings of time, effort, money with our system, vis-a-vis, the prior art systems, such as Ballantyne.

Comparing Ballantyne to our invention is like comparing a prop plane (Ballantyne) to a jet plane (our invention). There is no comparison. Our invention is in a league completely different from and unobvious from any extension of Ballantyne alone and/or combined with the secondary references. Our claims 76-92 are defining of an invention which is clearly not obvious from any extension of the combination of primary and secondary references.

In plain language, no one has used the "internet" to enable multiple subscriber access to storage and obtaining of medical information and medical images using a single server with the components listed in claim 76. Any subscriber, such as doctor, hospital or patient, with a verified ID can store medical information and images with a simple computer and through the internet and then later have access thereto. Prior to our invention, this was never done.. regardless of how much the Examiner prejudices our case... and furthermore, our invention is not made obvious by the combined art. There is nothing in any of the primary or secondary cited references which could lead to the instant invention. Each of the cited art still involves separate libraries and internal accessing; it is not a universal system for internet storage and access, for completely unrelated subscribers. That has never been done prior to

invention.

The Examiner seems to believe that anyone using the internet for any purpose is doing something obvious. In that case, clearly, none of the unique users can be protected by patenting of their ideas. Surely, that is not the result the Examiner contemplates.

Moreover, none of the remaining secondary references Kotake, Roewer and Tanaka, even when combined with the Primary reference Ballantye, would make obvious the invention now recited in claims 76-92. KOTAKE shows only the registration of information in a subscriber base. ROEWER shows means of providing a hard copy of information. TANAKA shows transmittal of part and all of a set of information.

But, clearly, even when these references are combined in any manner whatsoever, there is still missing (even when the teachings are extended) any teaching which would make obvious our recited system using the internet to have stored and accessed medical information and images in a single server accessed by subscribers using the internet with a verifiable ID. Accordingly, the information is then sent through the internet to the subscriber for his use.

Clearly, therefore, there is no support for any Section 103 rejection over the cited art, singly or in combination.

The inventor again wishes to repeat the following technical comments.... Ballantye has a server and a library in a hospital. Thus, any one outside the hospital must access through the hospital library for its information. It is not a universally available system accessible by different outside subscribers through the internet.

On the other hand, in my invention, we perform "image storage" and "image providing" to a client or subscriber (for example, an image diagnostic apparatus or viewer) in a hospital through an external "generally available network", such as the Internet. The "single server" is not under the control of separate individual hospitals, like in the case of Ballantyne.

To put this another way, Ballantyne stores image data and manages them using a MASTER LIBRARY in a hospital. On the other hand, we perform the service of storage and managing through a public network, such as the internet, and using a single data center to perform the unifying service. That is to say, the prior art, such as Ballantyne has a data center in each hospital to perform the storage and access services.

Consequently, our invention eliminates the service of storing and managing image data in each separate hospital, as required by Ballantyne and the other prior art.

Thus, technically, our invention is not "duplicative", as is Ballantyne and the other prior art. The amount of time, effort, and money saved, and the availability of information stored for research use, are of such an order of magnitude improvement over the prior art that, our invention is now extensively used throughout the world and is considered the world standard.

In view of the foregoing, applicant respectfully solicits reconsideration and allowance.

Since the number of claims and configuration thereof are the same, no added fee is due.

respectfully

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